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**POST OFFICE
TO ADDRESSEE**



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Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code <i>94111</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>12/7/01</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ <i>1.44</i>
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. <i>8.7</i> ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>h</i>	Total Postage & Fees \$ <i>1.44</i>

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. <i>X941211</i>	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void. Waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> NO DELIVERY : <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE *415 875 2300*

FENWICK & WEST LLP
275 BATTERY ST STE 1500
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